

**Alternatives to Abortion Invoice**

<b>Contract #</b>	<u>CS170042007</u>	<b>Vendor Name:</b>	<u>Lutheran Family and Childrens Services of Missouri</u>
<b>Vendor Number:</b>	<u>43065265000/MB00091282</u>	<b>Vendor Address:</b>	<u>9666 Olive Blvd Suite 400</u>
			<u>St. Louis, MO 63132</u>

**Bill To:** Office of Administration  
Commissioner's Office  
201 W. Capitol Ave, Room 125  
Jefferson City, MO 65101

**Invoice Number:** \_\_\_\_\_  
**Invoice Date:** \_\_\_\_\_  
**Service Period:** \_\_\_\_\_

<u><b>Total Contracted Allocation</b></u>	<u><b>Prior Invoiced Total</b></u>	<u><b>June Award Amount</b></u>
\$ 463,539.27	\$ 333,926.38	\$ 129,612.89
Quarterly expenditure adjustment:	\$ -	
Total Due:		<b>\$ 129,612.89</b>
Allocation Remaining		\$ -

**Signature:** \_\_\_\_\_